

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024223

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 292

Primary Registration District No.

Registrar's No.

FILED JUN 25 1962

1. PLACE OF DEATH a. COUNTY Ralls.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perry, Missouri.		c. CITY OR TOWN Hannibal, Missouri.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry, Missouri.		d. STREET ADDRESS (If outside, give location) 	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES NEVILLE SCOTT		4. DATE OF DEATH Month Day Year June 13, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-26-11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Implement Co.	
13a. FATHER'S NAME L.E. Scott.		13b. MOTHER'S MAIDEN NAME Clara Evans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 	
17. INFORMANT Mrs Ida Reynolds, Perry, Mo.		14. NAME OF HUSBAND OR WIFE Helen Scott.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary sclerosis DUE TO (b) DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 1 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION Perry, Missouri.	
21. I attended the deceased from June 6 to June 13 and last saw him alive on June 13 1962 Death occurred at 1:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Ernest T. Swan D.O. 22b. ADDRESS Perry, Missouri.	
22c. DATE SIGNED 6-15-62	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		
23b. DATE 6-15-1962	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.		
23d. LOCATION (City, town, or county) Perry, Missouri.	23e. LOCATION (City, town, or county) Perry, Missouri.		
24. FUNERAL DIRECTOR Clyde B. Waring	25. DATE RECD. BY LOCAL REG. 6-15-1962		
26. REGISTRAR'S SIGNATURE Clyde B. Waring			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59
1 0870
2 0648
3 2
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 90-2
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clydes Perry

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.